

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

(HD)
IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2009 OCT 26 AM 9:48

COMMITTEE NAME (Must be same as on Statement of Organization)

Rice for Council

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Dan Rice

Office Sought

District (if Senate or House)

CITY COUNCIL Ward #1

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

David E Cook

(515) 233-2240

10-25-09

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A 5 day Report 10/25/09 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11/03/09

County & Local Committees, enter County in
which Election is held

STORY

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

3213.03

Schedule F: Loans Received total (Attach Schedule F)

1000.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

4213.03

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

3073.80

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

1139.23

**UNPAID BILLS (From Schedule D - Attach Schedule D)

614.79

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

20.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

1000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Rice for Council

☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/19/09	ID# CK#	KRISTi STOVER 4755 WEST LANE Excelsior, MN 55331	AUNT	\$ 50 ⁰⁰	<input type="checkbox"/>
08/21/09	ID# CK#	KATHERINE B. FROMM 3531 G.W. CARVER AVE. AMES, IA 50010		50 ⁰⁰	<input type="checkbox"/>
08/20/09	ID# CK#	PHYLLIS PETERS 210 S. KELLOGG AMES, IA 50010		40 ⁰⁰	<input type="checkbox"/>
08/17/09	ID# CK#	KAY J. BERGER 4121 DAWES DR. AMES, IA 50010		50 ⁰⁰	<input type="checkbox"/>
08/17/09	ID# CK#	GREGORY VITALE 2510 PIERCE AVE. AMES, IA 50010		100 ⁰⁰	<input type="checkbox"/>
08/17/09	ID# CK#	ROBERT LORR 233 HILLTOP ROAD AMES, IA 50010		28 ⁰⁰	<input type="checkbox"/>
08/17/09	ID# CK#	SUZANNE MANN ZILBER 801 CRYSTAL ST. AMES, IA 50010		50 ⁰⁰	<input type="checkbox"/>
08/16/09	ID# CK#	LISA HEIN 212 EAST 7 TH STREET AMES, IA 50010		75 ⁰⁰	<input type="checkbox"/>
08/15/09	ID# CK#	MAACK C. SHELLEY 3454 SOUTHDALE DRIVE AMES, IA 50010		30 ⁰⁰	<input type="checkbox"/>
08/16/09	ID# CK#	KAREN STANSBERRY 906 CLARK AMES, IA 50010		50 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 523 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Rice for Council

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08/15/09	ID# CK#	Virginia Stafford 2872 GREENSBORO Circle Ames, IA 50010		\$ 50 ⁰⁰	<input type="checkbox"/>
08/19/09	ID# CK#	Marilee Rice 2909 Woodland #811 Des Moines, IA 50010	MOTHER	100 ⁰⁰	<input type="checkbox"/>
08/18/09	ID# CK#	Pam Sargent 4220 Cochran Parkway Ames, IA 50010		100 ⁰⁰	<input type="checkbox"/>
08/17/09	ID# CK#	Nancy S. Tague 500 Riverside Ave #206 Park Rapids, MN 56470-1686	AUNT	50 ⁰⁰	<input type="checkbox"/>
08/18/09	ID# CK#	Marie H. Meyer 607 River Oak Drive Ames, IA 50010		50 ⁰⁰	<input type="checkbox"/>
08/16/09	ID# CK#	Warren J. Blumenfeld 201 S. Russell Ave. Ames, IA 50010		35 ⁰⁰	<input type="checkbox"/>
08/28/09	ID# CK#	Terry L Besser 2036 Pinehurst Dr. Ames, IA 50010		150 ⁰⁰	<input type="checkbox"/>
08/25/09	ID# CK#	Carol E. Fuchs 806 Brook Ridge Ave. Ames, IA 50010		50 ⁰⁰	<input type="checkbox"/>
08/23/09	ID# CK#	Mary Jane Leland 4401 San Andreas Avenue Los Angeles, CA 90065	AUNT	100 ⁰⁰	<input type="checkbox"/>
08/31/09	ID# CK#	Anne Kimber 3517 Oakland Street Ames, IA 50014		75 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 760 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Rice for Council

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/30/09	ID# CK#	James Murdock 1510 Roosevelt Ames, IA 50010		\$ 50 ⁰⁰	<input type="checkbox"/>
09/07/09	ID# CK#	Leslie Osam Pensack 317 S. Wilmoth Ave. Ames, IA 50014		50 ⁰⁰	<input type="checkbox"/>
09/07/09	ID# CK#	Eric E. Cooper 902 Burnett Ave. Ames, IA 50010-6132		50 ⁰⁰	<input type="checkbox"/>
09/07/09	ID# CK#	Donald K. Wall 1004 Kellogg Ave. Ames, IA 50010-5748		35 ⁰⁰	<input type="checkbox"/>
09/05/09	ID# CK#	Patricia A. Thiel 818 Clark Ames, IA 50010		300 ⁰⁰	<input type="checkbox"/>
09/05/09	ID# CK#	Andrew P. Bock P.O. Box 111 Ames, IA 50014-1111		100 ⁰⁰	<input type="checkbox"/>
08/30/09	ID# CK#	Sharon R. Bird 619 10th St. Ames, IA 50010		50 ⁰⁰	<input type="checkbox"/>
08/30/09	ID# CK#	Mary Ann Lundy 4316 Phoenix Ames, IA 50014-3626		35 ⁰⁰	<input type="checkbox"/>
08/26/09	ID# CK#	Tom W. Rice 485 Auburn Hills Dr. Coralville, IA 52241-3336	BROTHER	300 ⁰⁰	<input type="checkbox"/>
09/09/09	ID# CK#	Arthur Anthony Smith 2322 Knappe St. Ames, IA 50014		50 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 1020 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Rice for Council

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09/10/09	ID# CK#	ROBERT & CARTEA 130 SPAR Circle Wayzata, MN 55391-9577		\$ 100 ⁰⁰	<input type="checkbox"/>
09/17/09	ID# CK#	TOM & ZORA ZIMMERMAN 2718 Kellogg Ave. Ames, IA 50010		150 ⁰⁰	<input type="checkbox"/>
09/20/09	ID# CK#	MARTHA ANN ATKINS 419 PEARSON AVE Ames, IA 50010		50 ⁰⁰	<input type="checkbox"/>
10/04/09	ID# CK#	DR. TERRY W. MASON 3705 FLETCHER Blvd. Ames, IA 50010		50 ⁰⁰	<input type="checkbox"/>
08/14/09 TO 10/24/09	ID# CK#	unitemized Contributions #01 TO #25 ⁰⁰		560 ⁰³	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 910⁰³

TOTAL (if last page of this schedule)

\$ 3213⁰³

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Rice for Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/17/09	ID# CK# 051	USPS Ames Post Office Ames, IA 50010-9998	Post Office Box #6 RENT	\$ 22 ⁰⁰
08/03/09	ID# CK# 052	Walmart 534 S Duff Ave Ames, IA 50010	envelopes and labels	31 ⁵⁵
08/12/09	ID# CK# 053	Jet Print 301 Main Street Suite 5 Ames, IA 50010	Fundraising Letter	18 ¹⁹
08/12/09	ID# CK# 054	USPS Ames Post Office Ames, IA 50010	Stamps (Postage for Mailers)	88 ⁰⁰
08/30/09	ID# CK# 055	Copy Works 105 Welch Ave. Ames, IA 50014	#200 Brochures	42 ⁸⁰
09/03/09	ID# CK# 056	Sign Pro 617 S. Fourth Ames, IA 50010	Yard signs 22"x28" folded	856 ⁰⁰
09/04/09	ID# CK# 057	Jet Print 301 Main Street Suite 5 Ames, IA 50010	#500 Brochures	87 ⁴⁹
09/05/09	ID# CK# 058	Copy Works 105 Welch Ave. Ames, IA 50014	#500 Brochures	101 ⁶⁵
SUB-TOTAL				\$ 1247 ⁶⁸
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Rice for Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/15/09	ID# CK# 061	acc Hardware 615 24TH STREET Ames, IA 50010	Red SPRAY PAINT for Large Yard Signs	\$ 17 ⁰⁸
09/21/09	ID# CK# 062	JeT PRINT 301 MAIN STREET SUITE 5 AMES, IA 50010	Campaign Brochures #405	70 ⁸²
10/09/09	ID# CK# 063	JeT PRINT 301 MAIN STREET SUITE 5 AMES, IA 50010	#500 BROCHURES	87 ⁴⁹
10/12/09	ID# CK# 059	AMES TRIBUNE 317 5TH STREET AMES, IA 50010	Logo ads	627 ⁵⁰
10/14/09	ID# CK# 064	Walmart 5345 Duff Ave AMES, IA 50010	Envelopes, Paper, Labels for Mailers	32 ²⁴
10/18/09	ID# CK# 065	David Cook 831 BARNETT AVE. AMES, IA 50010	Materials for Construction of Large Yard Signs	152 ⁴⁵
10/21/09	ID# CK# 060	TOONS Box 181 Kelley, IA 50134	Campaign ads	133 ⁰⁰
10/21/09	ID# CK# 066	USPS Ames Post Office AMES, IA 50010-9998	Postage for Mailers	616 ⁰⁰
SUB-TOTAL				\$ 1736 ⁶³
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Rice for Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/21/09	ID# CK# 069	Jet Print 301 Main Street Suite 5 Ames, IA 50010	BROCHURES	\$ 87 ⁴⁹
09/08/09	ID# CK#	Unitemized Expenditures	Temporary Checks fee	2 ⁰⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 89 ⁴⁹
TOTAL (If last page of this schedule)				\$ 3073 ⁸⁰

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Rice for Council

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/26/09	Ames Tribune 317 5 TH STREET Ames, IA 50010	Signature Ad	\$ Estimated 526 ⁰⁰
10/26/09	Diane Corson 811 Kellogg Ave Ames, IA 50010	INK for printing mailers	Estimated 88 ⁷⁹
SUB-TOTAL			\$ 614 ⁷⁹
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 614 ⁷⁹

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

COMMITTEE NAME (Must be same as on Statement of Organization)

Rice for Council

Reset Form

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
09/04/09	Julie Popkin 920 CLARK Ave. AMES, IA 50010		VoTeR List	\$ 20 ⁰⁰	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

20⁰⁰TOTAL (if last
page of this
schedule)

\$

20⁰⁰

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Page 1 of 1
(for Schedule E)

RESET

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAID**

COMMITTEE NAME (Must be same as on Statement of Organization)

Rice for Council☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0⁰⁰**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
07/16/09	Dan Rice 827 BURNETT AVE AMES, IA 50010-6129	Candidate Self	\$ 1000 ⁰⁰

TOTAL (PART I)

\$ 1000⁰⁰**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 0⁰⁰

From Schedule E - TOTAL LOANS FORGIVEN

\$ 0⁰⁰

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 1000⁰⁰

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Page 1 of 1
(for Schedule F)